S. No. 2
M—5-42
. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31079

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sale Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie Lee Young

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 1, 1943 (Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Galloway (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

FATHER
12. Name Harold B. Young
13. Birthplace Stotts City (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lela B. Copple
15. Birthplace Neosho (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Harold B. Young

(b) Address Granby, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery Carthage, Mo

18. (a) Signature of funeral director Edwin [illegible]

(b) Address Carthage Mo

19. (a) Oct 1, 1945 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 45 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-30- 1945 to 9-30 1945 that I last saw him alive on 9-30-45 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcer Calitis	
Due to	
Due to	
Other conditions: Dehydration (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN

Underline the cause to which death should be charged statistically.

1200

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Whitehead (M.D. or other)

Address Marsh Mo Date signed 10-1-45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by George R. Trummell Registered Apprentice No. 391, working under my personal supervision.

RECEIVED OCT 5 1945
District Health Officer No 945-178
District File Number
Date Filed OCT 5 1945

Signed Orling M Sungy

Licensed Embalmer No. MO 3566

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.